United States Department of Labor
Employees' Compensation Appeals Board

S.Y., Appellant	)	
and	)	**Docket No. 26-0107**
	)	**Issued: March 4, 2026**
DEPARTMENT OF HOMELAND SECURITY, U.S. CUSTOMS AND BORDER PROTECTION, U.S. BORDER PATROL, Marysville, MI, Employer	)	

Appearances:
Appellant, pro se
Office of Solicitor, for the Director

Case Submitted on the Record

DECISION AND ORDER

Before:
PATRICIA H. FITZGERALD, Deputy Chief Judge
JANICE B. ASKIN, Judge
VALERIE D. EVANS-HARRELL, Alternate Judge

JURISDICTION

On November 20, 2025 appellant filed a timely appeal from an October 29, 2025 merit decision of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act[1] (FECA) and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.[2]

ISSUE

The issue is whether appellant has met his burden of proof to establish a right knee condition causally related to the accepted July 15, 2025 employment incident.

[1] 5 U.S.C. § 8101 *et seq*.

[2] The Board notes that, following the October 29, 2025 decision, OWCP received additional evidence. The Board's *Rules of Procedure* provides: "The Board's review of a case is limited to the evidence in the case record that was before OWCP at the time of its final decision. Evidence not before OWCP will not be considered by the Board for the first time on appeal." 20 C.F.R. § 501.2(c)(1). Thus, the Board is precluded from reviewing this additional evidence for the first time on appeal. *Id*.

FACTUAL HISTORY

On July 15, 2025 appellant, then a 45-year-old border patrol agent, filed a traumatic injury claim (Form CA-1) alleging that on that date he injured his right knee when running on a treadmill while in the performance of duty. He explained that he felt a sharp and throbbing pain down the front and outside of his right knee approximately 30 seconds into a 60-second interval run. Appellant stopped work on July 16, 2025.

In a July 23, 2025 report, Dr. Joseph Guettler, a Board-certified orthopedic surgeon, related appellant's history of right knee anterior cruciate ligament reconstruction and his current employment activity of a misstep while running on a treadmill on July 15, 2025. He noted that this was a workers' compensation case. Dr. Guettler reviewed July 23, 2024 right knee x-rays which demonstrated mild osteoarthritis. He diagnosed right knee strain.

On July 29, 2025 Dr. Guettler completed a duty status report (Form CA-17), wherein he related appellant's history of injury while running on a treadmill and diagnosed strain of the muscles and tendons of the right leg.

In an August 13, 2025 report, Dr. Guettler repeated appellant's medical history and history of injury. He reviewed an August 9, 2025 magnetic resonance imaging (MRI) scan and diagnosed right medial meniscal tear and chondromalacia. Dr. Guettler recommended a right knee arthroscopy, partial medial meniscectomy, and chondroplasty.

On August 12, 2025 Amber Samojedny, a physical therapist, provided treatment.

In a development letter dated August 15, 2025, OWCP informed appellant of the deficiencies of his claim. It advised him of the type of additional factual and medical evidence needed and provided a questionnaire for his completion. OWCP afforded appellant 60 days to submit the necessary evidence.

OWCP subsequently received additional evidence. In a July 16, 2025 report, Dr. Sarah A. Damer, an osteopath, related that appellant was sprinting and experienced right knee pain. She diagnosed right knee sprain.

In a note dated July 16, 2025, Jenna Miller, a physician assistant, provided a diagnosis of right knee sprain and prescribed crutches.

An x-ray of the right knee, also dated July 16, 2025, revealed mild tricompartmental osteoarthrosis; bony changes related to prior graft construction; and moderate knee joint effusion.

On July 25 and August 6, 2025 Dr. Guettler diagnosed right knee strain, secondary to a work injury.

In an August 15, 2025 note, Dr. Guettler recommended arthroscopic knee surgery and partial meniscectomy which he scheduled for September 4, 2025. He also provided work restrictions.

Dr. Guettler performed an unauthorized right knee arthroscopy with partial medial and lateral meniscectomies, chondroplasty, and tricompartmental synovectomy on September 4, 2025.

On September 16, 2025, Dr. Guettler diagnosed complex tear of the medial meniscus of the right knee. He related that he had performed right knee arthroscopy on September 4, 2025.

In a follow-up letter dated September 25, 2025, OWCP advised appellant that it had conducted an interim review, and the evidence of record remained insufficient to establish his claim. It noted that he had 60 days from the August 15, 2025 letter to submit the necessary evidence. OWCP further advised that if the evidence was not received during this time, it would issue a decision based on the evidence contained in the record. No response was received.

In a separate development letter dated September 25, 2025, OWCP requested that the employing establishment provide information regarding appellant's claim, including comments from a knowledgeable supervisor. It afforded the employing establishment 30 days to respond.

In an October 3, 2025 response, the employing establishment confirmed that appellant was participating in the employing establishment physical fitness program.

By decision dated October 29, 2025, OWCP denied appellant's traumatic injury claim, finding that the medical evidence of record was insufficient to establish a medical condition causally related to the accepted July 15, 2025 employment incident.

LEGAL PRECEDENT

An employee seeking benefits under FECA has the burden of proof to establish the essential elements of his or her claim, including the fact that the individual is an employee of the United States within the meaning of FECA,[3] that the claim was timely filed within the applicable time limitation period of FECA, that an injury was sustained in the performance of duty, as alleged, and that any disability or medical condition for which compensation is claimed is causally related to the employment injury.[4] These are the essential elements of each and every compensation claim, regardless of whether the claim is predicated upon a traumatic injury or an occupational disease.[5]

To determine whether a federal employee has sustained a traumatic injury in the performance of duty, it first must be determined whether fact of injury has been established. There are two components involved in establishing fact of injury. The first component is that the employee must submit sufficient evidence to establish that he or she actually experienced the employment incident at the time and place, and in the manner alleged. The second component is

[3] *K.R.*, Docket No. 20-0995 (issued January 29, 2021); *A.W.*, Docket No. 19-0327 (issued July 19, 2019); *S.B.*, Docket No. 17-1779 (issued February 7, 2018); *J.P.*, 59 ECAB 178 (2007); *Joe D. Cameron*, 41 ECAB 153 (1989).

[4] *J.M.*, Docket No. 17-0284 (issued February 7, 2018); *R.C.*, 59 ECAB 427 (2008); *James E. Chadden, Sr.*, 40 ECAB 312 (1988).

[5] *J.B.*, Docket No. 20-1566 (issued August 31, 2021); *K.M.*, Docket No. 15-1660 (issued September 16, 2016); *L.M.*, Docket No. 13-1402 (issued February 7, 2014); *Delores C. Ellyett*, 41 ECAB 992 (1990).

that the employee must submit sufficient evidence to establish that the employment incident caused an injury.[6]

The medical evidence required to establish causal relationship between a claimed specific condition and an employment incident is rationalized medical opinion evidence.[7] The opinion of the physician must be based on a complete factual and medical background of the employee, must be one of reasonable medical certainty, and must be supported by medical rationale explaining the nature of the relationship between the diagnosed condition and specific employment incident identified by the employee.[8]

In any case, where a preexisting condition involving the same part of the body is present and the issue of causal relationship, therefore, involves aggravation, acceleration, or precipitation, the physician must provide a rationalized medical opinion that differentiates between the effects of the work-related injury or disease and the preexisting condition.[9]

ANALYSIS

The Board finds that appellant has not met his burden of proof to establish a right knee condition causally related to the accepted July 15, 2025 employment incident.

In reports dated July 23 through September 16, 2025, Dr. Guettler related appellant's history of injury on July 15, 2025 and his prior right knee surgery. He opined that appellant's diagnosed right knee conditions were work related. Dr. Guettler, did not, however, provide rationale for his conclusory opinion. The Board has held that a medical report is of limited probative value if it contains a conclusion regarding causal relationship which is unsupported by medical rationale.[10] As such, this evidence is insufficient to establish appellant's claim.

Dr. Damer completed a July 16, 2025 report, relating that appellant was sprinting and experienced right knee pain. She diagnosed right knee sprain. Dr. Damer did not, however, provide an opinion as to the cause of the diagnosed condition. The Board has held that medical evidence that does not offer an opinion regarding the cause of an employee's condition is of no probative value on the issue of causal relationship.[11] Therefore, this report by Dr. Damer is insufficient to establish the claim.

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[6] *T.H.*, Docket No. 19-0599 (issued January 28, 2020); *K.L.*, Docket No. 18-1029 (issued January 9, 2019); *John J. Carlone*, 41 ECAB 354 (1989).

[7] *S.S.*, Docket No. 19-0688 (issued January 24, 2020); *A.M.*, Docket No. 18-1748 (issued April 24, 2019); *Robert G. Morris*, 48 ECAB 238 (1996).

[8] *S.S.*, Docket No. 24-0674 (issued August 29, 2024); *S.S.*, *id.*; *A.M.*, *id.*; *Robert G. Morris*, 48 ECAB 238 (1996).

[9] Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3e (May 2023); *N.N.,* Docket No. 24-0510 (issued July 16, 2024); *J.L.*, Docket No. 20-0717 (issued October 15, 2020).

[10] *See S.C.,* Docket No. 25-0898 (issued January 21, 2026); *C.B., (S.B.)*, Docket No. 19-1629 (issued April 7, 2020); *V.T.,* Docket No. 18-0881 (issued November 19, 2018); *S.E.*, Docket No. 08-2214 (issued May 6, 2009); *T.M.*, Docket No. 08-0975 (issued February 6, 2009).

[11] *S.E.,* Docket No. 26-0036 (issued January 29, 2026); *D.C.*, Docket No. 19-1093 (issued June 25, 2020); *see L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

OWCP also received reports signed solely by a physician assistant and a physical therapist. Certain healthcare providers, such as physician assistants, and physical therapists are not considered physicians as defined under FECA.[12] Consequently, their medical findings and/or opinions will not suffice for purposes of establishing entitlement to FECA benefits.

The remainder of the evidence of record consists of diagnostic study reports. However, diagnostic studies, standing alone, lack probative value on the issue of causal relationship as they do not address whether the accepted employment incident caused or contributed to the diagnosed condition.[13]

As the medical evidence of record is insufficient to establish a right knee condition causally related to the accepted July 15, 2025 employment incident, the Board finds that appellant has not met his burden of proof.

Appellant may submit new evidence or argument with a written request for reconsideration to OWCP within one year of this merit decision, pursuant to 5 U.S.C. § 8128(a) and 20 C.F.R. §§ 10.605 through 10.607.

CONCLUSION

The Board finds that appellant has not met his burden of proof to establish a right knee condition causally related to the accepted July 15, 2025 employment incident.

[12] Section 8101(2) of FECA provides that physician includes surgeons, podiatrists, dentists, clinical psychologists, optometrists, chiropractors, and osteopathic practitioners within the scope of their practice as defined by State law. 5 U.S.C. § 8101(2); 20 C.F.R. § 10.5(t). *See* Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3a(1) (May 2023); *David P. Sawchuk*, 57 ECAB 316, 320 n.11 (2006) (lay individuals such as nurses, physician assistants, and physical therapists are not competent to render a medical opinion under FECA). *See also C.C.,* Docket No. 25-0776 (issued September 15, 2025) (physical therapists are not considered physicians as defined under FECA); *H.S.,* Docket No. 20-0939 (issued February 12, 2021) (physician assistants are not considered physicians as defined under FECA).

[13] *See A.J.*, Docket No. 25-0250 (issued May 27, 2025); *T.Y.*, Docket No. 25-0255 (issued April 2, 2025); *B.O.*, Docket No. 25-0049 (issued January 10, 2025); *A.D.*, Docket No. 24-0770 (issued October 22, 2024); *T.L.*, Docket No. 22-0881 (issued July 17, 2024); *C.S.*, Docket No. 19-1279 (issued December 30, 2019).

ORDER

IT IS HEREBY ORDERED THAT the October 29, 2025 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: March 4, 2026
Washington, DC

Patricia H. Fitzgerald, Deputy Chief Judge
Employees' Compensation Appeals Board

Janice B. Askin, Judge
Employees' Compensation Appeals Board

Valerie D. Evans-Harrell, Alternate Judge
Employees' Compensation Appeals Board